

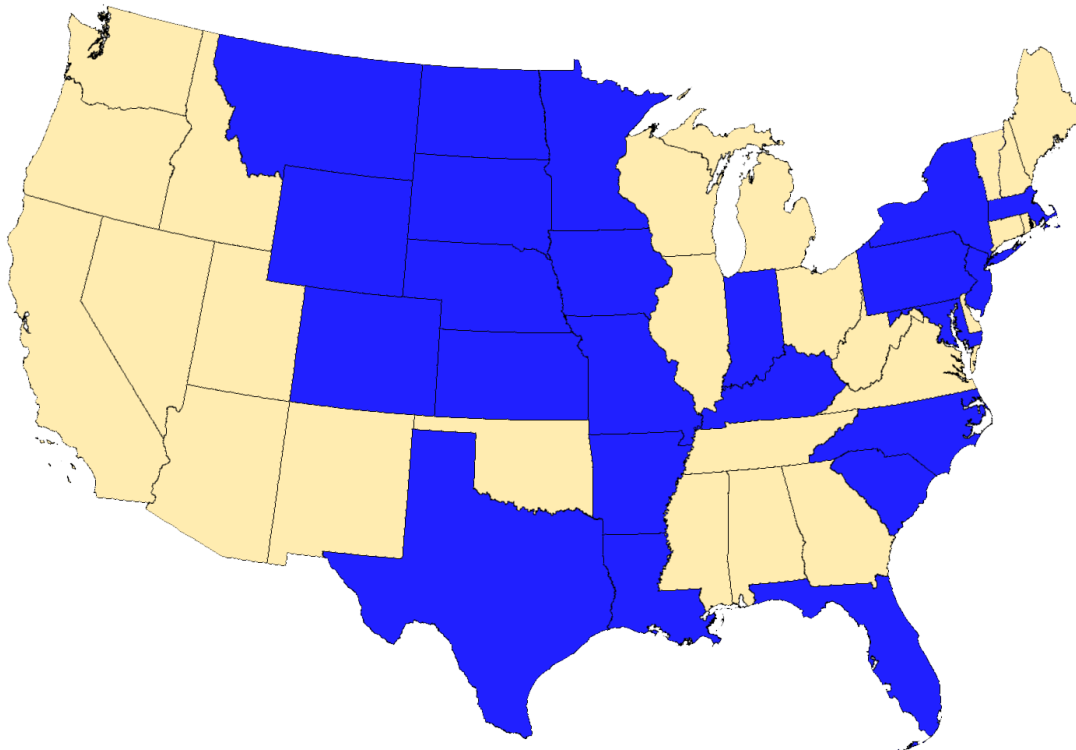


Iowa Department of Human Services

Iowa Medicaid Enterprise

Treo Solutions

Building a National Network of Leading Health Organization and Data Relationships



Payer-Independent Population Platform

Commercial Payers

Government Payers

Health Systems

All Payer Claims Data Bases

Multi-Payer Initiatives

Offerings

Foundation:

- Market Assessment
- Enhanced Data Assets
- Data Enrichment & Aggregation
- Business Rules & Methodology

Strategy:

- Strategic Opportunity Assessment (SOA)
- Provider & Population Design
- Transforming Payment
- Alignment and Incentives

Logistics:

- Intelligent Transparency
- Analytic Insights
- Triple Aim Levers
- Intelligent Engagement

Accountable Care in Iowa

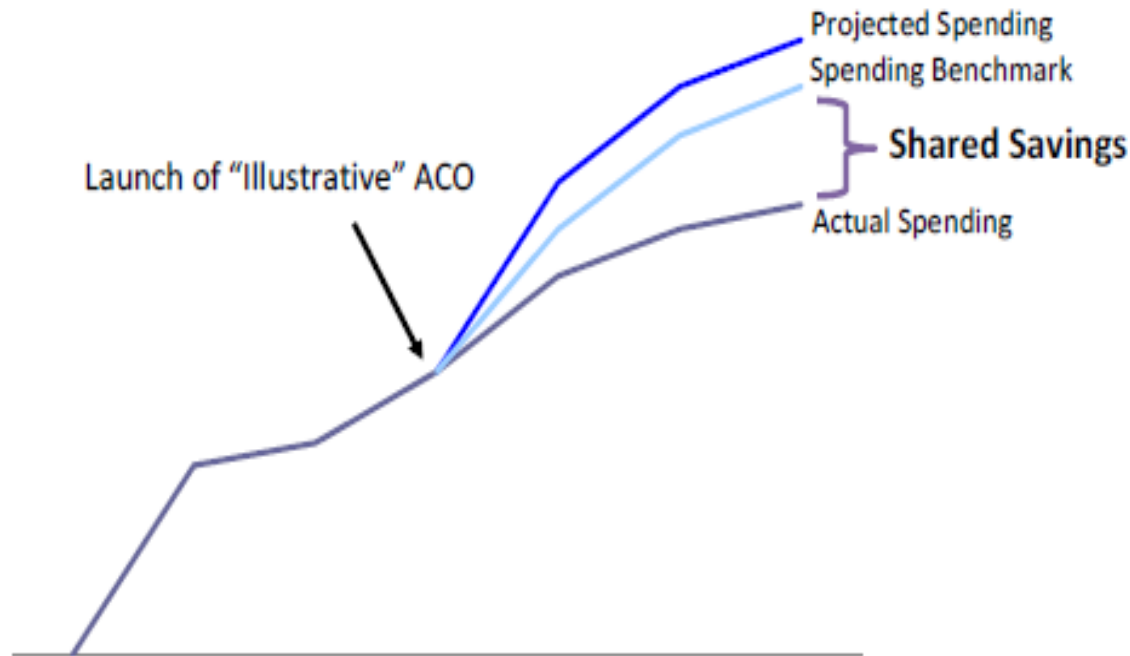
Requirements for Success

- Alignment in Incentives
- Organized Infrastructure
- Accountability for Performance
- Actionable, Timely and Meaningful Data
- A Person centered approach, and
- Scale

Aligned Incentives Needed to Fuel Transformation

Figure 2

**Shared Savings Derived from Spending Below Benchmarks
That Are Based on Historical Spending Patterns**



Organized Infrastructure

- Design may vary but all flavors require **appropriate access** and **mix** of key **providers**
 - This is critical for Medicaid programs considering including special needs populations in their ACO model.
- Organizational models may include:

- Physician group practice
- Integrated Delivery Systems
- Academic Health Systems
- Community Hospitals
- Federally Qualified Health Centers
- Long Term Care Systems



Collaboration of these systems, other provider groups as well as community based organizations (e.g. Colorado model)

Accountability for Performance

Drivers of Accountability

- Patient Attribution
- Budget Development
- Payment models and incentives; and,
- Performance Measurement

Attribution – Defining the population for whom the ACOs are accountable

- Starts with the engagement of a broad set of stakeholders
- Needs to consider comprehensive array of health and social services
- May include multiple types of providers that see high-need, high-cost beneficiaries
- The planning is just beginning

Measuring Performance: Value

$$\text{QUALITY} / \text{COST} = \text{VALUE}$$

Measuring Performance: Cost

- Total Cost of Care
 - Variance from a budget
- Possible Preventable Events
 - Admissions
 - Re-Admissions
 - Services
 - ER Visits
- Utilization
 - Rate of prescriptions
 - % Generic

Measuring Performance: ACO Quality Metrics

IME will continue to review specific quality metrics (for hospitals, SNFs, home care, etc). In addition we will be tracking measures related to the way care is delivered.

Consistent with the Wellmark model:

- Member experience
- Primary and secondary prevention
- Tertiary prevention
- Continuity of care
- Chronic and follow-up care
- Population health status
- Efficiency

AND

- TBD: Measures Specific to the Medicaid population, determined in conjunction with the stakeholders

Actionable and Timely Data

**“WHAT GETS MEASURED
GETS MANAGED”**

PETER DRUCKER

- Getting the right metrics in the right hands requires:
 - Transparency
 - Collaboration
 - Actionability

Person Centered Approach

Core features of person-center care:

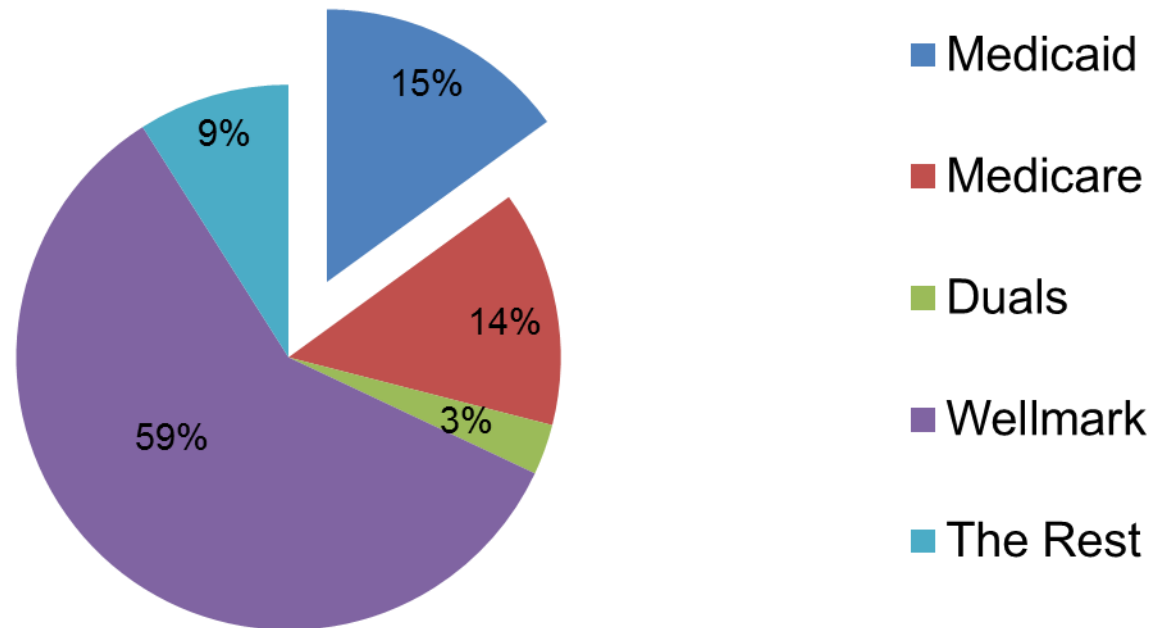
1. Access
2. Whole person care / continuity
3. Comprehensiveness
4. Care coordination

Primary care transformation is defined by the ability to achieve threshold improvement on all four attributes

Regardless of the population – these features of primary care must be in place

Getting to Scale

- The sustainable transformation of the health care delivery system requires scale
- Medicaid alone as a payer is not big enough to accomplish needed reform
- Plan requires a multi payer approach



Leverage investments made...

Wellmark has blazed the trail by:

- Engaging the providers in the development of the ACO process
- Emphasizing transparency by sharing information on fees and pay rates
- Providing Strategic Opportunity Analysis to each ACO to help them prepare for and manage their new ACOs
- Providing Tools for Insight in the form of network/provider/patient dashboards and reports that contain continuous near time, actionable information for improving care and lowering costs

PERSPECTIVES

Lessons from an Early Adopter:
The Wellmark ACO Story

But don't ignore the differences

- Medicaid population as a whole is different from the insured Wellmark population
- Medicaid population has significant variation in needs across all programs
- SIM Planning will consider needs of each population.
- Working with stakeholder groups SIM planning will evaluate model design impact to ensure care continues to be delivered in the appropriate setting and the appropriate time by the appropriate care giver.